15/5/2010

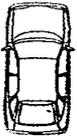|			LKK:
INS. CASE OWNER:	**CC6/AIG22010835/Upa3**		IDAC:

ASSIGNMENT

Surveyor: **MARCUS**   DOI: **02/11/2022**   Date / Time : **01.11.2022**
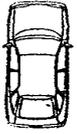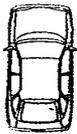
Registered in Merimen: **01.11.2022**

Pre-assign / CCU / FTE

Insured Vehicle No.   :   **SMR 5493D**   Claim No.   :

Name of Insured   :   Policy No.   :

Insured Tel No.   :   HP: Make / Model   :

Excess Sec II :S$ D.O.A : **01.11.2022 08:05**   Place of Accident :

Is driver the owner?   (YES / NO)   Nature of Accident :

If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :   (V/L: YES / NO)   Insured Liability :   %   **Final ? Yes / No**

SMH 4313A ——→ ——————— ——→ ——————— ——————— ——→ ———————

INSRS:	INSRS:		INSRS:	INSRS:
WSP: **SPECIALISTS**	WSP:		WSP:	WSP:
Tel : **MOTOR**	Tel :		Tel :	Tel :
Liability :	Liability :		Liability :	Liability :
RMKS:	RMKS:		RMKS:	RMKS:

Date/ Time	SMH 4313A -X SMR 5493D - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI:	☐ ☐
		Authorisation To Act:	☐ ☐
		Release Voucher:	☐ ☐
		Final Repair Bill:	☐ ☐
		Car Rental Invoice:	☐ ☐
		Towing Invoice	☐ ☐
		LTA / GIA :	☐ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐

PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: ☐ ☐

Others: ☐ ☐

FINALIZATION   Date/Time: Confirm with: Confirm by:

Repair Cost: **P/P**   S$ **13,196.36** (**6** days) Reduction: **43** %   Email ☐ Call ☐

FINAL SETTLEMENT   Date/Time: **06/04/2023** Confirm with   **Irene**   Email ☑ Call ☐

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **27**   If NO or B 28, Ass. Lia :

Repair Cost: **7% GST**   S$ **14,120.11**

Loss of Rental (LOR): **7% GST** S$ **1,123.50** (**7** days) **X $150**

Loss of Use (LOU):   S$ ($ x days)

Loss of Income (LOI):   S$ ($ x days)

LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**

GIA/LTA Search   S$ **2.00**

Medical: S$ 1) Claim status: Normal/~~Reject/Private Settle~~

Disbursement: S$ (e.g. Tow/ Independent)   2) Report Format: **TP**

Legal Cost   S$ 3) Survey fee: **$320.00**

Total: S$ **15,245.61**   **Global Sum S$:**

FINAL PAYMENT   Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:   S$ **15,245.61**   Name 1: **Specialists Motor Pte Ltd**

Payee 2: (Strike if N.A.)   S$ Name 2:

Payee 3: (Strike if N.A.)   S$ Name 3: